

THE MEDICAL NEWS AND LIBRARY.

VOL. XX.

JULY, 1862.

No. 235.

CONTENTS.

CLINICS.

Clinical Lecture on Scarlatina and its Sequelæ	133
Clinical Remarks on Cases of Enteric or Typhoid Fever	137
Clinical Lecture on Neuroma	141
Clinical Lecture on Two Cases of Obstructed Bowel requiring Operation	142

HOSPITAL NOTES AND GLEANINGS.

Amputation of the Leg, in a case where pulmonary tuberculosis was present	145
Excision of the Elbow-joint for Scrofulous Disease of Twenty Years' Standing; Recovery	145
Stricture of the Female Urethra	146

MEDICAL NEWS.

<i>Domestic Intelligence.</i> —Medical Society of the State of Pennsylvania	146
Extirpation of the Eye	151
Medical and Surgical History of the War	152
Employment of Regular Nurses and Cooks in U. S. Hospitals	152
Assistant Surgeon General	153
Sanitary Inspectors U. S. A.	153
Obituary Record	153
<i>Foreign Intelligence.</i> —Hospital Ventilation	153
English Surgeons and Operators	154
Results of Revaccination of the Prussian Army in 1861	154
Suicides in Denmark	155
Meteorological Phenomena of 1861	156
Japanese Doctors	156
Obituary Record	156

SIMPSON, LECTURES ON THE DISEASES OF WOMEN, 8 PAGES.

CLINICS.

Clinical Lecture on Scarlatina and its Sequelæ.—By T. HILLIER, M.D., Physician to the Hospital for Sick Children. Of all diseases incident to childhood there is not one which presents greater varieties of aspect, not one in which it is more difficult to foretell the probable course; not one which more frequently brings unexpected death into previously healthy households, and destroys within a few weeks, or even days, the children of an entire family, more commonly than scarlatina. Amongst the acute specific diseases now in this country, it ranks first as regards mortality. In the Registrar-General's Report it stands second, being preceded by typhus; when, however, we remember that typhus in his

tables includes not only typhus, typhoid, and relapsing fevers, but also frequently cases of æsthenic pneumonia and other diseases assuming a typhoid aspect, erroneously certified to be fever, it will be seen that we must not ascribe to any one disease the large number of deaths ranged under this heading. It is peculiarly a disease of childhood, nearly ninety per cent. of the deaths caused by it occurring under the age of 10 years.

Of 76,255 deaths from 6 epidemic diseases in London during the 12 years from 1840 to 1851, 21,551 were from scarlatina, and 23,964 deaths from the diseases classed together as typhus.¹ During the last 20 years in London, scarlatina has numbered

¹ These numbers are taken from Dr. Richardson's Clinical Essay on Scarlatina in "Æsclepiad," p. 76.

Published monthly by BLANCHARD & LEA, Philad'a, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

☞ In no case is this periodical sent unless the subscription is paid in advance.

44,392 victims. The highest mortality was in 1848, 4750; the lowest in 1841, 663. At different periods it varies extremely in intensity. In the experience of the illustrious Sydenham, in the 17th century, it was so trifling that he speaks of it as "the mere name of a disease much less to be dreaded than measles." Before the close of that century a severer epidemic of the disease prevailed in London, and was described by Morton, who did not, however, distinguish it from measles. In 1778, Withering described, with great accuracy, an epidemic of scarlatina anginosa and maligna as it appeared in Birmingham. Graves, in his Clinical Lectures states, "that in the years 1800-1804 scarlet fever committed great ravages in Dublin, the type which it assumed was most virulent, sometimes terminating in death as early as the second day. It thinned many families in the upper and middle classes, and left not a few parents childless. From the year 1804 to 1831, scarlatina epidemics recurred, but always in a mild form, so much so that many were led to believe that the fatality of the former epidemic was chiefly, if not altogether, owing to the erroneous method of cure adopted by the physicians of Dublin, and that the diminished mortality was entirely attributable to a cooling regimen and the timely use of the lancet." Graves adds: "This was taught in the schools, and scarlet fever was every day quoted as exhibiting one of the most triumphant examples of the efficiency of the new doctrines. This I myself learned; this I taught; how erroneously will appear in the sequel." He goes on to say, "The experience derived from the present epidemic has completely refuted this reasoning, and has proved that, in spite of our boasted improvements, we have not been more successful in 1834-5 than were our predecessors in 1801-2.

The error committed by the Dublin physicians is one to which we are all liable, not only respecting scarlet fever, but many other diseases. We are tempted to conclude that ours is the only right mode of treatment for all cases of any particular disease, because a large proportion of patients have recovered under our hands, whilst other physicians, adopting another treatment, have lost many patients from the same disease in other places and at other times. We should constantly bear in mind how much the same disease varies in

different epidemics and even in different stages of the same epidemic, as well as in different places at the same time. In no disease probably is this caution more required than in the one under consideration to-day. The mortality of different epidemics may be illustrated by the statistics of the London Fever Hospital, where, in eleven consecutive years, the mortality varied from one death in six cases to only one in forty. There is no reason to suppose that any change of treatment was essentially concerned in this great difference of mortality. In St. Pancras, in 1858, one-tenth of the gross mortality was due to scarlatina, and of the deaths under ten years of age one-sixth were from that disease. A recent writer on this subject suggests that there is generally about a constant proportion between the number of mild and of malignant cases, and that, in any epidemic, where there are many malignant cases, there will be a proportionate number of mild cases. My own conviction is, that in different epidemics the proportion of mild to malignant varies extremely; the numbers just quoted from the Fever Hospital appear to prove this. In this hospital the proportion of fatal cases to the number admitted has also much varied, but not to so wide a degree as in the Fever Hospital. The mortality has ranged from one in three to one in eleven. Very many of the cases admitted here are brought, not during the continuance of the specific fever, but soon afterwards, in order that the sequelæ (brought on frequently from neglect) may be treated.

In some epidemics the *throat* is the part which has suffered most; in others, the subsequent *dropsy*, dependent on renal disease, was the most frequent cause of death; and in others the disturbance of the *nervous* system was most marked; whilst in others uncontrollable *diarrhæa* has been a prominent symptom; and in some an *hemorrhagic* tendency has been exhibited.

In these lectures I shall mainly dwell on those forms of disease which have come under my own notice in this hospital during the past twelve months, occasionally making reference to the notes of cases which have been under the care of my colleague, Dr. West, since the opening of this hospital ten years ago.

This disease does not confine its ravages to the dwellings of the poor, nor does it commit much greater devastations in ill-

drained, badly ventilated places, than in those which are well provided with drainage and moderately supplied with fresh air. Hygienic conditions exercise less influence over its course than they do over most epidemic disorders. It proves fatal alike to the weakly and the robust, though it is undoubtedly more to be dreaded in a scrofulous child than in a healthy one. In the great majority of deaths from measles, there are generally either unfavourable sanitary arrangements surrounding the patient, or the child was previously unhealthy. Deaths from measles, except in the case of unhealthy children, are rare amongst those in easy circumstances. The same cannot be said of deaths from scarlatina. It has even been asserted by some that this disease proves more fatal to the children of the rich and well-to-do classes than to those of the poor. With the view of ascertaining the truth on this point, I compared the social positions of about 500 children in St. Pancras who died from scarlatina with those of the same number who died from all causes. The results were as follows:—

	Scarlatina.	All causes.
Children of gentlemen . . .	7	7
“ professional men . . .	15	9
“ merchants, tradesmen . . .	100	79
“ clerks, accountants . . .	31	25
“ artisans and skilled labourers . . .	205	195
“ policemen, soldiers, and postmen . .	12	23
“ household servants . .	25	49
“ common labourers . .	109	121

These numbers are not sufficient to prove very much, but so far as they go they seem to show that the families of professional men, merchants, and tradesmen, in St. Pancras suffered considerably more, and those of clerks and skilled labourers a little more proportionally from scarlatina than from other causes; whilst the families of policemen, postmen, household servants, and common labourers suffered more proportionally from other causes of death than from scarlatina.

It is also found, that in proportion to population scarlatina is but little more fatal in towns than in the country. We do not know what circumstances decide the degree of severity of each case of the disease. Of several persons equally exposed to the infection of the disorder, one may escape entirely, another may have a mild attack of

the disease, a third may have simply a sore-throat, and a fourth may have a most virulent attack of the complaint. Such effects as these may result from exposure either to mild or to malignant cases of the disease. There is something in the state of the patient which influences the nature of the attack. One writer on this disease says that children with dark hair, eyes, and complexion, suffer more than those with blue or gray eyes and light hair. I have not been able to confirm this observation.

In this, as in the other exanthemata, one attack commonly constitutes a protection against another in the same person; there can, however, be no question that the disease does occasionally recur. Dr. Richardson says that he himself has had three distinct attacks of scarlatina. Scarlatina occasionally relapses within a month of its first occurrence.

One case, under the care of Dr. West, appears to illustrate this statement. A little girl, aged $3\frac{1}{2}$ years, had measles on June 16, 1854, and a second eruption on the 23d and 24th of the same month. From the description of a sister the second rash had the characters of scarlatina. It was accompanied by sore-throat. She was brought to this hospital on June 27, and then had a dull heavy look, and was somewhat vacant. At night she was delirious. There was no eruption. She continued for the next three days rather dull intellectually, and on July 2 she had otorrhœa with fetid discharge, and two days later much thick discharge from nares. There was no albumen in the urine. After this her intellectual power was gradually restored, and she left the hospital tolerably well on July 21. A week later, that is seven days after leaving the hospital, and thirty-six days after the occurrence of the rash which simulated scarlatina, she was again brought to the hospital. She had then been ill for two days. She had a papular red rash on her body, with much coryza and dry cough, and a hot skin. The next day, July 29, rash was more distinct, mottled, and considered by Dr. Jenner to be a scarlatinal rash. There was also sore-throat. Slight desquamation was taking place on the forehead. Three days later (August 1): The first day she has seemed better; the discharge from nose and ears was very offensive. Cough nearly gone. August 3. Cough returned with heat of skin, and

signs of pneumonia. Throughout a tendency to looseness of the bowels. On August 5 she died, i. e., on 9th day from readmission.

After death there was found pneumonic consolidation of parts of both lungs, kidneys anæmic, spleen firm. Blood of body generally coagulated. Auricles filled with clots interlaced much with columnæ carneæ. There was ulceration of both tonsils. Stomach and intestines were healthy.

I have to-day seen a young woman in the Fever Hospital suffering from a second attack of scarlatina, the first attack having occurred five weeks ago. She had quite recovered from the first illness, and was acting as a nurse. In both seizures the rash, the state of the throat, and other symptoms, were well defined. The second appeared likely to be less severe than the first.¹

Perhaps in this, almost more than in any other acute specific disease, the influence of family constitution in favouring the occurrence of the disease, and in disposing to a fatal issue, is to be noted. The circumstance that one or more members of a family have suffered severely from the disease, or have been cut off by it, is sufficient to increase one's anxiety with regard to other members of the same family. Dr. Jenner has called especial attention to the same fact in regard to diphtheria. Dr. Richardson mentions a case in which father, mother, and children, appeared to be insusceptible of contracting the disease, though they conveyed the virus to other persons.

The highest mortality from this disease occurs during the fourth or autumn quarter of the year; the third quarter is the next most fatal quarter; then follows the first quarter; and the second quarter comes lowest in the scale of mortality. About 35 per cent. of all the deaths occur in autumn, i. e., October, November, and December; 24 per cent. in summer, i. e., July, August, September; 22 per cent. in winter, i. e., January, February, March; and 18 per cent. in spring, i. e., April, May, June, on an average of sixteen years, from 1840 to 1856.

The age at which scarlatina proves most fatal is the third year; 17 per cent. occur at that age. The droopy consequent on

scarlatina is most fatal in the fourth year. 69 per cent. of all scarlatina deaths occur under the age of five years.

Males suffer from scarlatinal droopy in proportion of 60.3 per cent. to 39.7 per cent. females.

From measles, the largest mortality occurs in the second year, about 35 per cent., and nearly 17 per cent. occur under the age of one year. From scarlatina, less than 7 per cent. occur under the age of one year, and less than 14 per cent. between one and two years of age. Above the age of ten, about 9 per cent. of deaths from scarlatina occur; from measles, about 1 per cent.

In order to the occurrence of this fever, we consider it necessary that there should be a receptive subject and exposure to the infection. It is very difficult to prove that cases do not now originate *de novo*, although it is probable that they do not. As to the nature of the virus we know but little. We do know, however, that it is not carried far by the air, probably not many feet; that it may be carried any distance in clothes or in some other way about the person; that it may retain its power of propagation for many weeks; that it is destructible by heat somewhat below the boiling-point of water. From these properties we may probably conclude that it is not very, if at all, volatile; that it is either itself an organic ponderable solid, or else that it is attached to some organic solids, such as the epidemic or epithelial cells. The poison may be laid up in a room for weeks or even months, and still retain its noxious properties. A very remarkable instance of this is given by Dr. Richardson. He relates it as follows:—

"During my early career I assisted a practitioner at Saffron Walden. In our Union district we had an outbreak of scarlet fever. At a short distance from one of our villages there was situated on a slight eminence a small clump of labourers' cottages, with the thatch peering down on the beds of the sleepers. A man and his wife lived in one of these cottages, with four lovely children. . . . The poison of scarlet fever entered this poor man's door, and at once struck down one of the flock. It seemed to me that I had saved the remaining children by obtaining their removal to the care of a grand-parent who lived a few miles away. Some weeks elapsed, when one of these was allowed to return home. Within twenty-four hours it was seized with

¹ Immediately after this lecture a medical student present told me that he had himself had scarlatina three times, and a week after the third attack he had a distinct relapse.

the disorder and died with equal rapidity to the first. We were doubly cautious in respect to the return of the other children. Every inch of wall in the cottage was cleansed and lime-washed; every article of clothing and linen washed, or if bad destroyed. Floors were thoroughly scoured, and so long a period as four months was allowed to elapse before any of the living children were brought home. Then one child was allowed to return. He reached his father's cottage early in the morning, he seemed dull the next day, and at midnight in the succeeding twelve hours I was sent for to find him also the subject of scarlet fever. The disease again assumed the malignant type, and his child died."

He further adds, "I have always believed that in this instance the thatch was the medium in which the poison was retained." This would seem to be the only way of explaining the phenomena.

The period of incubation varies in different cases. It may not exceed twenty-four hours. Trousseau mentions the following case: "A London merchant, who had spent the winter with one of his daughters at Pau, was bringing her home to England, and stayed a few days in Paris. His eldest daughter, who had wintered in London, came to meet them in Paris, and arrived there at the same time as they did, eight hours after being attacked with scarlet fever. Within twenty-four hours after the sisters met, the younger one was seized with the same complaint. Now scarlatina prevailed in London, but there was none of it at Pau."

The period is commonly several days; Withering said three or four days; Dr. West says usually under a week. It may, however, be prolonged beyond this. There were three sisters named Pattison; one of them was attacked with scarlatina on September 14, was brought here on September 16, and remained here till October 18. Eight days after her return home, that is, on October 26, another sister was attacked and remained at home. A younger sister, though still in the house and not isolated, showed no symptoms of the disease till fifteen days later, on November 10. These cases are interesting, because we have here two children exposed to the infection of a case of scarlatina from the first to the third day, escaping the disease, one of them until she has been again brought into contact with

a convalescent case from the thirty-sixth to the forty-fourth day from its commencement, and the other until she has been also exposed for the first fifteen days of the second case of the fever.

The period at which the risk of infection ceases is a point on which you will be often asked for an opinion. So long as desquamation is going on there is certainly danger, and as a general rule, five or six weeks is the very shortest period which should be allowed to elapse before patients from scarlatina should be allowed to associate with children who have never had the disease. At the end of that time, if proper precautions have been taken thoroughly to disinfect the clothes, bedding, and furniture of the place occupied by the sick, the risk may be pronounced to be almost nil. If the rooms be papered it will be safer to repaper them; if not, the walls and ceilings should be well washed. In all cases the floors should be scoured, and air very freely admitted into the rooms for several days. To disinfect clothes and bedding, the simplest effectual way is to expose them either to a dry heat equal to that of boiling water or to actual boiling. Whether the virus reside in the epidemic scales, or in the excreta generally, whether it be taken into the system by the lungs or the stomach, and whether the process set up by its introduction be a process analogous to fermentation, or be some exaltation of what is going on constantly in health, are questions not yet clearly answered. The fermentation or zymotic theory has many plausible arguments in its favour, and though not proved, yet is a convenient peg on which to rest a number of known phenomena. On this theory we must suppose that in the young child there is a quantity of fermentible matter which exhausts itself in process of time, or by the excretory glands is removed from the body; and, further, we may suppose that in those who have the disease severely there is a large quantity of this fermentible matter, whilst in those who have it mildly there is only a small quantity of it.—*Med. Times and Gaz.*, May 31, 1862.

(To be continued.)

Clinical Remarks on Cases of Enteric or Typhoid Fever.—The following cases elicited from Dr. WARD some observations upon the etiology, the specific distinctness, and the treatment of enteric fever. He

thought that it would be difficult to collect a series of cases more calculated to elucidate the etiology of this disease than those which had occurred at the Seamen's Hospital, *Dreadnaught*. He had narrated but a few, but he had taken tolerably copious notes of more than 100 cases. Taking the first 50, in which there was a clear history of the development of the disease, he found the following results: In only three had it been developed in ships that had come from off a long voyage, any of several weeks, or two or three months. In the other 47 cases, the disease had been developed either while the ships were in harbour at some port of the coast of England, or adjacent countries, and had shown itself on the passage to London, or it had been generated in the ships while lying in the river, especially in the part known as "the Pool," or in one or other of the docks belonging to the port of London, or in the portion of the metropolis frequented by sailors. On reference to the entry-books, Dr. Ward had found that quite as many, if not more, sailors were admitted as patients from ships that had come from off long voyages, as from those which had furnished the disease in question. Some of the ships engaged in traffic to distant countries had undoubtedly advantages in the way of superior accommodation; but in the majority there was overcrowding in the cabins at night, and unhealthy emanations as a consequence. One might, therefore, quite logically eliminate such effluvia, at least in these cases, as an exciting cause of the disease. On the other hand, the facts, that this fever is not most prevalent in the hot, dry season of the year when sewage emanations are most offensive, that men who work in sewers are not especially victims of it, and that the offensive state of the Thames, which was said to be due to the sewage influence, did not generate it, enable us to eliminate drain effluvia also as the peculiar exciting cause. From the circumstance that the ports noticed, the east coast of England, the river, the pool, and the docks had also been prolific sources of the cases of intermittent fever introduced into the *Dreadnaught*, Dr. Ward was led to the conclusion that the specific exciting poison of enteric fever consisted in some atmospheric influence analogous to—not, of course, identical with—that which induces ague and remittent fevers. This view was strengthened by considering the analogies

which the fever in question presents with the intermittent and remittent types:—

1. It has a tendency to relapse.
2. It falls peculiarly upon the abdominal viscera, the ileum, the liver, and the spleen.
3. It prevails most at the season which most favours the development of remittent fever, viz., the close and fall of the year.
4. It appears to be fomented by similar atmospheric conditions, as regards hygrometric state, temperature, etc.

Dr. Ward had seldom seen so many cases of irregular ague in London as during the late prevalence in it of enteric fever.

That this fever could not be always traced to such causes as effluvia from decomposing animal matter, sewer emanations, etc., seemed to be confirmed by the irregular way in which it shows itself—at one time, and merely in isolated cases, in houses with defective sanitary arrangements, at another in those the arrangements of which seemed to be in every respect complete. The conclusion might, therefore, be fairly arrived at, that the specific exciting cause of typhoid fever was to be sought in some atmospheric malarious influence, and that defective sewerage, primarily and prominently, emanations from decomposing animal matter, in common with other physical and mental influences which depress the vital powers, are but powerful predisposing causes. Coupling the isolated manner in which this fever showed itself amongst many individuals exposed to the same exciting cause, with the proofs afforded by German pathologists of its analogy to certain blood diseases, it became a question whether some peculiarity of constitution might not also be included among the predisposing causes.

Dr. Ward considered that the specific distinctness of typhus and enteric fevers was determined by the following considerations. Typhus appeared always to be traceable to a different, and, indeed, a local origin, and to be, which enteric fever is not, unless possibly under peculiar circumstances and in a very mild degree, contagious. For many years there had been scarcely a case of typhus fever at the *Dreadnaught*. Latterly, under the influence of concentrated animal effluvia, resulting from an overcrowded state of the ship for some months, several cases had occurred. It attacked the boatswain's wife, then the boatswain, then the man nurse on

the medical, and one also on the lower deck. Enteric fever had not given, in the *Dreadnaught* experience, any evidence of contagiousness. Although there had been, at times, from eight to twelve cases on the medical deck, neither officers, nurses, nor patients had fallen victims. On two occasions, when there were several cases on board, this fever afforded a striking contrast in respect to contagiousness with measles, which happened to be present at the same time. In private practice, also, Dr. Ward had never been able to trace an attack to the influence of contagion. With respect to the proof of non-identity of typhus and enteric fever based upon the power of the one disease to excite the other, he had never met with an instance in support of it. Not long ago he had been asked to see two cases of fever in a house, in conjunction with another medical man, and found the mother, a woman of forty, and her boy, seven years old, in the same bed, the former with the rash, etc., of typhus, the latter with the eruption and intestinal symptoms of enteric fever. The possibility of communication from one to the other was negated by the fact that the two attacks had commenced almost simultaneously. The separate exciting causes of the two affections may have coexisted, and this isolated instance may be regarded as confirming rather than invalidating the rule. The records of the Fever Hospital furnished, he believed, but one instance of the two fevers coming from the same house. In other respects, enteric fever stood out markedly from typhus—in its longer duration and less fatal character, in its eruption, in its enteric symptoms, pointing to the mischief in the ileum which post-mortem examination always confirmed, and in the more active character of the delirium. Dr. Ward thought that the term "typhoid," typhus-like, as a distinctive term for the fever in question, was illogical and absurd. In conclusion, he laid much stress upon the importance of not adopting an over-active line of treatment in this disease, since his experience led him to the conviction that, while much might be done by timely support of the patient's powers, and by combating attendant complications, no plan could materially curtail the attack. In cases of the mildest character even, it was desirable to keep the patient in bed, and on fluid diet, with a view to promote the cic-

trization of the ulcerated intestine, and prevent the possible fatal termination by perforation. Salines, with milk and beef-tea, in the earlier stages, and subsequently as more or less vital prostration supervened, diffusible stimulants, wine or brandy, bark, and ammonia, constituted the general plan of treatment. Arrest of the diarrhoea in the earlier stage of the disease was generally followed by an aggravation of enteric symptoms, such as griping and tympanitis, and premature over-stimulation had frequently induced cerebral complication. Towards the period of convalescence, when ulcerative action had ceased, and cicatrization was going on, Nature kept the parts quiet by calming peristaltic action, and the bowels, instead of acting several times in the twenty-four hours, were often not open more than once in two, three, or more days. Under these circumstances, it was undesirable to interfere, even by the mildest laxatives.

[Reported by Mr. COOKE.]

Case 1.—A Norwegian, aged 21, admitted into the Seamen's Hospital, "*Dreadnaught*," May 4, 1861. He had come from Norway: his ship had been lying in the Commercial Docks, and he had been living on board, and sleeping in the fore-castle with others. He was taken ill, on April 30, with vertigo and delirium, and the bowels had been open but once daily since then. When admitted, he had a dry and furred tongue, a rapid pulse, hot and dry skin, and some tympanitis. No rash to be detected. He was ordered milk and beef-tea.

On the 6th, two or three rose coloured spots had made their appearance on the abdomen; the bowels had acted twice in the twenty-four hours; the skin was hot, and the tongue furred and moist.

8th.—Several fresh spots on the abdomen; diarrhoea of pea-soupy stools. Tongue coated, brown in the centre, fissured, and dry; pulse 100, feeble. Ordered wine $\frac{3}{4}$ iv.

9th.—Diarrhoea continues; no tympanitis. Tongue fissured, brown in the centre, clean at the sides; sordes on the teeth; pulse 100. Wine to eight ounces.

11th.—Free diaphoreses two or three times since yesterday morning; pulse 95; tongue moister, the fur cracking; three actions since yesterday; the belly soft; no tympanitis; fresh spots.

12th.—Two or three fresh spots on the back; three evacuations.

13th and 14th.—Three evacuations on each of these days; spots still coming out; tongue cleaning; skin hot but moist; pulse about 90.

16th.—Two stools: no more sweating; tongue nearly clean; pulse 92.

18th.—No action of bowels since yesterday at noon; tongue clean.

19th.—One well-formed evacuation.

23d.—Pulse 60; tongue clean; convalescent. He was kept in bed, and on milk, beef-tea, and wine, until the 29th, when he was allowed a slice of mutton.

On June 2 he was placed upon mutton diet, and porter was substituted for wine; and on June 15 he was discharged quite well.

Case 2.—A Norwegian, aged 18, admitted October 31. Taken ill in the Baltic, eight days before, with shivering, languor, and diarrhoea. Has a hot skin, several rose spots on the abdomen, tongue dry with brown fur, some tympanitis and tenderness in right iliac region, and diarrhoea. Ordered milk, beef-tea, and salines.

November 2.—Several fresh spots; skin dry and rather hot; pulse frequent; tongue dry and fissured; some tympanitis and diarrhoea.

4th.—More spots on the back; skin hot, face flushed; pulse 110; tongue dry and fissured; some abdominal pain, one motion in the twenty hours; rhonchi and sibilant râles on the right side, cough; respirations twenty-eight per minute.

5th.—Diarrhoea; breathing easier; more prostration. Ordered wine $\frac{3}{4}$ iv.

7th.—Skin pungently hot; pulse very rapid; tongue moist; two motions in twenty-four hours: one or two fresh spots.

9th.—No fresh spots; two actions of bowels; skin still hot and dry, and pulse frequent, but tongue keeping moister and cleaning.

11th.—Bowels twice open; evacuations small but loose; belly less tympanitic; tongue nearly clean; pulse still rather frequent.

14th.—Bowels open once or twice in twenty-four hours; motions healthy, but rather relaxed; is now convalescent.

On the 17th he was ordered a slice of mutton, and on the 21st, as he was very weak, the quantity of wine was increased to eight ounces.

The bowels were gradually restored to their normal state; the patient regained his powers, and was discharged "cured" early in December.

Case 3.—J. B., aged 30, was admitted from a ship in one of the docks, on November 26th. He had been ill for five days, and for three of them had been delirious. Has a slight cough, but no expectoration; the breathing is hurried, the face is congested and bluish; tongue dry and rather brown. He attempts to get out of bed, and rambles. Is very prostrate. Ordered milk and beef-tea, and six ounces of brandy.

27th.—Has passed two stools and his urine in bed; has talked much during the night, but taken his nourishment well. There are no spots; but the abdomen is tympanitic. He has a sort of ineffectual cough, but has expectorated one mass of muco-purulent character. There is coarse crepitation behind, and at the lower part of both lungs. Resonance good. Ordered brandy to ten ounces, and the mist. vini gallici every four hours.

28th.—Has passed a tolerably quiet night. The bowels are rather loose; stools of pea-soupy colour; tongue dry and glazed. Though there is much stupor, he does not seem to be so much oppressed as yesterday.

29th.—Is better; fewer stools; tongue moister; a few rose-coloured spots on the abdomen.

30th.—The pulse has more power; is sweating profusely, and has had no stool since yesterday; urine passed involuntarily. From this day up to December 4, when he died, he was continually moving his hands about, attempting to get out of bed, and unable to procure sleep; although opium was given him. The sweating was profuse at intervals, the teeth were covered with sordes, and his countenance became more and more shrunk.

Inspection.—There was some congestion of the lungs. The only change found in the small intestine was ulceration of a large Peyer's patch near the ileo-caecal valve, and a much smaller ulcer very near to it. None of the patches higher up were found even in an enlarged or congested state.

Case 4.—Charles L., aged 13, a French lad, admitted on January 16, from a small vessel which had been lying for the last week at Greenhithe. On admission, he was very much collapsed from exposure during the journey to the hospital, but ral-

lied after some hours under wine. The master said he had been ill five or six days, had been much purged, and was very delirious at night. He had the aspect and symptoms of typhoid, but no spots were found; up to the 20th his condition was much the same, at times being, with difficulty, however, aroused, and very delirious at night. On the 20th, tongue began to clean, and he became more sensible, and up to the evening of the 23d all the symptoms abated; he then had a large and very loose stool, followed, in about six hours, by sudden death, becoming just before very pallid and cold. On turning up the bed-clothes a large quantity of dark clotted blood was found. The intestines were examined throughout. On peritoneal surface, three inches from large intestine, three or four ulcers were found, sloughy, and had all but allowed contents to escape; to one the vermiform process was adherent. From upper surface of the ileo-caecal valve up to lower third of small intestine, ulcers of Peyer's patches in all stages were found, increasing in size and degree of ulceration from above downwards. The mesenteric glands much enlarged; large intestine healthy, containing no blood.—*Med. Times and Gazette*, May 24, 1862.

Clinical Lecture on Neuroma by Mr. PAGET, Surgeon to St. Bartholomew's Hospital. A woman, aged 62, who had generally had good health, and who was, except for a large tumour at the back of the thigh, for which she was admitted, quite well. For six years she had had pain in the limb of the same side, but it was only for six months that she had known that there was a tumour in the thigh, and that pressure on this aggravated the pain. The tumour increased in size, but the pain did not increase, except when she struck the tumour, when pain would strike down the whole of the leg, and the limb would jerk up. As felt through the integuments the tumour seemed to be just above the division of the sciatic nerve, and for about two or three inches in length. It was very movable from side to side, but would not pass up nor down. The swaying from side to side gave the idea of its being fixed above and below by a pedicle. It was deeply and widely movable. When pressed on, pain flashed down the leg, and the leg was quickly withdrawn.

It was not a steady resolute movement, but a rapid jumping back; a rapid involuntary reflex movement. The diagnosis was tumour of the sciatic nerve or of the upper part of the peroneal.

The symptoms of this case, Mr. Paget said, were very clearly those of neuroma. Two months ago he had had a similar case under care, in which he removed a neuroma from the anterior branch of the musculo-spiral nerve. In this case the symptoms were similar, but there was more pain.

A neuroma is generally in the course of some notable nerve, not necessarily a very large one, but still one that is easily recognizable. The tumour is oval or rounded and well circumscribed, and its longest diameter is in the direction of the nerve fibres. To this rule there are exceptions. In one case Mr. Paget had found that the tumour was wider transversely.

The tumour is very movable laterally, and less so or not at all longitudinally. The parts in the neighbourhood are healthy. The pain is peculiar; by pressure on the tumour the pain is not merely felt in that position, but also as a flash down the limb. Usually there is no constant severe abiding pain. In some cases there is severe constant pains, now and then aggravated in paroxysms, producing fainting or even epileptiform seizures. As well as the pain produced by pressure there is also the involuntary jumping back of the limb, previously mentioned.

Suppose, then, that the diagnosis is arrived at, that there is a tumour in a nerve, it may be cystic-fibrous, fibro-cystic, or cancerous. Cancerous tumours of nerves, Mr. Paget said, were exceedingly rare, and, except by their rapid growth and the cachexia, it would be very difficult to make a diagnosis. If it were cystic, the tumour would be elastic, and rapidly recoil on removing the pressure. If neither cancerous nor cystic, then it would be fibrous or fibro-cystic. A neuroma may be simulated by a tumour growing close to a nerve, and involving it. Such a tumour would have many of the characters of neuroma, but not quite the same. The pain would not vary, and there would be no jerking back of the limb.

Cases of irritable tumour of the breast, or painful subcutaneous tumours, might be confounded with neuromata. Such tumours are exceedingly painful. It is possible that

the pain in these tumours may depend on the implication of a nerve fibre of invisible size; but Mr. Paget said he had never traced a nerve fibre into one. These tumours, however, never attain a large size. They will last for twenty years, and not exceed half an inch in size. They always adhere to the skin.

An important point in this case is the relation of the tumour to the nerve fibres. It is said, Mr. Paget remarked, that we ought to cut out the tumour and the piece of nerve along with it, but that now and then we might get the tumour away without injury to the nerve. Mr. Paget's opinion is that the facts are just the reverse, that it is quite the exception to be obliged to cut away a piece of the nerve. Generally it involves none of the nerve fibres. They are spread out over it, but quite free from it. In the present case the tumour was in a distinct capsule, and within the sheath of the nerve. A few fibres were in front of it, but the greater mass was on one side. It was merely necessary to push the fibre on one side and then remove the tumour, leaving the nerve fibres quite untouched. To have cut out a piece of the nerve would have produced paralysis, a much greater evil than the tumour itself. It is true, Mr. Paget said, that when a considerable piece of a nerve is cut out that the nerve will sometimes repair, but this is in young subjects, and it is not likely that in a patient so old as the subject of this case repair could have taken place.

The tumour might recur, but it was extremely rare for recurrence to take place after the removal of neuromata. It was a fair specimen of a fibro-cystic tumour. The cyst cavity was filled with blood or blood-stained serum. There are, Mr. Paget said, generally bulbous swellings on nerves after they have been divided, as in stumps after amputation. These may be called traumatic-neuromata, and have not the least similarity to those above described. They are merely large fibrous scars of nerves.

Neuromata are generally single; but sometimes nearly every nerve in the body is affected. Dr. Smith, of Dublin, related a case in which there were two thousand neuroma. This multiplicity does not indicate malignancy. It is common to find multitudes of fatty tumours. It is a singular thing that we rarely see two or three neuromata, or two or three fatty tumours,

in the same person. Either there is only one or there are a very great many.

[The result of this case was very good. The wound was all healed in three weeks, and the woman went out well.]—*Med. Times and Gaz.*, May 3, 1862.

Clinical Lecture on Two Cases of Obstructed Bowel requiring Operation.—By JOHN ADAMS, Surgeon to the London Hospital.

GENTLEMEN: We have lately had under our observation two cases of obstruction in the bowels, which, in some respects, are similar, but in others are dissimilar. In one case, the operation of Amussat was performed in the left loin; in the other, the cæcum was opened in the right iliac fossa (a modification of the operation of Littre).

The first case is that of a man, 60 years old, of a remarkably healthy aspect, and who had never suffered any inconvenience from disordered bowel until the attack to which allusion is now made. He was admitted into the London Hospital, under Dr. Fraser, and his history is simply this: Suddenly, some days before his admission, he found himself unable to empty his bowels. He tried various means to procure relief, but finding these unavailing he applied at the hospital. Dr. Fraser ordered various mild tonic purgatives, as aloes, etc.; calomel and opium, turpentine, and other injections were used also without effect. Vomiting had occurred, but not to any severe extent, and the abdomen became excessively distended, without any decided local pain, though with a great deal of necessary distress. I was requested to see him on the fifteenth day after admission, as the doctor thought some surgical interference was now called for.

I can add little or nothing to the description just given. The abdomen was greatly distended; still there was no local pain, nor was there any extraordinary distress indicated by the man's countenance; the vomiting had entirely ceased for three days; his water had been passed freely, and exhibited nothing peculiar either as to quantity or quality. I carefully examined the belly, and found nothing locally demanding remark, but I was very solicitous to see the condition of both loins, and I found them both equally tense, as if the ascending and descending colon were distended. I was induced by the

comparatively favourable state of the patient, as indicated by his aspect, his tongue, and his pulse, to temporize, and see if injections thrown up in various positions of the patient could be serviceable. On the following day, everything remained in *status quo*. I therefore called a consultation of my colleagues, amongst whom the only trifling difference of opinion existed in reference to the necessity of an immediate resort to the operation, or the propriety of twenty-four hours' delay. I ought not to omit to mention that the rectum-tube could not be passed up more than five inches. I counselled delay myself, under the idea, founded on experience, that occasionally, when the patient is almost in *extremis*, the bowels will act of themselves. I grant that to take up this position is hazardous, unless a very close observation can be maintained, as in the case before us.

On the eighteenth day from the beginning of the attack, finding all other means unavailing, the operation of Amussat was performed, and the left loin was opened in the usual manner, and a large quantity of semi-fluid feces passed, to the complete relief of the patient.

I have no remark to offer on the operation; it is one easily performed if the colon is distended as in the case before us. Some sloughing occurred three or four days after the operation, but this was soon arrested, and as perfect a cure as can be attained with an artificial anus was effected in this case. The man has left the hospital, still discharging his feces through the wound, although wind has on more than one occasion escaped per anum.

The second case is that of a gentleman, 25 years old, who consulted me on January 10, under the following circumstances. He was emaciated, and although not looking very ill, yet the anxiety of his countenance, gave me the idea of severe chronic disease. He told me, and his account was fully borne out by an excellent epitome of his case drawn up by Mr. Mason, of Burton-on-Trent, that he had been occasionally subject to attacks of constipation and vomiting; that these attacks were always attended with pain in the right iliac region, whence it radiated in all directions. He himself gave me no further history of his case, but this has been supplied me by the report of his medical attendant, and I will relate it presently. I examined his ab-

domen carefully, and found on deep pressure much pain in the right iliac region; the small intestines could be seen distended and cramped in this region, and I thought I could feel a swelling hereabouts; but I could come to no satisfactory conclusion on the subject. I advised the young man to go to Hastings to try what effect towards the restoration of his health could thus be obtained. He had previously had directions given him about the general management of his bowels, and careful attention to his diet was enjoined; nutritive food in a semi-fluid state was ordered, with beer, etc., and I prescribed occasional doses of cod-liver oil.

I heard once from him afterwards, and his progress appeared satisfactory.

However, at the end of a month from the time when I first saw him, he had a very severe attack, and his medical attendants, finding they could procure no relief for his bowels, sent him to London, and he came under my care at the hospital.

His condition, which you witnessed, was simply this: He had been seized with pain in the right iliac region, which extended to the left side; he had repeatedly vomited, and had passed no satisfactory evacuation for four or five days. His countenance was anxious, pulse quick, tongue furred, and abdomen in front universally distended and tympanitic; but not only was there no distension in the lumbar regions, but the loins were actually and distinctly flattened. Injections were ordered, and opium was given with no satisfactory result; after waiting, therefore, about six hours, and finding him worse in all respects, with the aid of Mr. Hutchinson, who quite coincided with me as to the probable seat of the disease, I opened with the usual precautions the peritoneum, drew out a portion of the cæcum, and opened it after carefully stitching it to the abdominal walls. An incision through the skin and abdominal muscles of about four inches in extent, beginning opposite the umbilicus on the right side and carried down half an inch internal to the anterior superior spine of the ileum, was quite sufficient to expose the cæcum. A quantity, probably two or more ounces, of straw-coloured serum escaped from the peritoneal cavity, and an immense amount of liquid feces passed through the opening in the cæcum. Opium was ordered, and he was quite comfortable the next morning,

but an attack of peritonitis terminated his life fifty-six hours after the operation. His body was examined, and all the evidences of acute peritonitis were found. During the operation I tried to make out the cause of his complaint, and by my forefinger I fancied I could feel a thickening of a part of the intestine in the iliac fossa, but I confess I could not quite satisfy myself upon this point. The colon was found quite empty after death, and at its very commencement a dense organic structure (of the nature of which there is some doubt) occupied the colon, so that a moderate sized lead-pencil could be scarcely passed through it. The seat of the disease was therefore apparent, and it is clear that no other operation would have availed to relieve the distended bowels. The cæcum was large and its coats were thickened, and a similar condition existed in the small intestines towards the termination of the ileum. Dr. Andrew Clark reports the following as the result of his microscopical examination of the thickened gut: "The thickening consists of nucleated fibrous tissue, and is not in my opinion carcinomatous. The glands are enlarged and infiltrated with fibrous tissue."

I bring these two cases before you, as they are of recent occurrence and fresh in your recollections, and because, although analogous, they are by no means parallel. In the first case there has been no opportunity to ascertain the cause of obstruction. From the aspect of the man and history of the case, I am not inclined to regard his case as one of cancer of the intestine; from the same circumstances there can be no doubt that the disease was in the large intestine, for, independently of the fact that vomiting was by no means a prominent symptom, the rectum-tube could not be passed beyond five inches, and this leads to the impression that either a stricture existed at the upper part of this gut, or, what I think is more probable, there has been a twisting or some displacement of the sigmoid flexure of the colon which was the cause of the obstruction. The subject is still involved in mystery. However, be the cause what it may, there could not be the slightest doubt about the propriety of opening the descending colon.

In the second case, the analogy is maintained by the obstinate nature of the constipation, and by the absence of vomiting as a persistent symptom. These signs, with

the healthy state of the urine, led me also to the inference that the disease was seated in the large rather than in the small intestine. But the analogy ceases here, and the parallelism is destroyed; for in the latter case a clear history, which I shall give you in the words of his own medical attendant, and a part of which I gathered myself, pointed out the right iliac region as the seat of the obstruction. I candidly admit that I could neither ascertain in what intestine the disease existed, nor could I divine its true character. The most important part of the diagnosis, in a surgical point of view, was unquestionably deduced from the remarkably flattened condition of both lumbar regions, clearly pointing out to me the fact that the colon was empty. In this case is so forcibly contrasted with the first case I have mentioned, where both lumbar regions were excessively distended, and could be easily defined, notwithstanding the general abdominal distension.

I ought not to attach too much importance to the vomiting, for I find, from the history furnished by his surgeon, that at an early stage of his complaint, which had commenced about fourteen months ago, the disease was ushered in by a severe attack of vomiting and constipation, which lasted ten days, and was relieved by enemata of soap and water and turpentine. A quantity of feces, of a vermiform appearance, escaped, followed by several pints of semi-fluid secretion.

Now, mark the early history of the case as given by his surgeon, whose letter to me I will read:—

"Dear Sir: I cannot express to you the extent of the obligation you have conferred upon me by the report of the operation and post-mortem in Mr. Hodson's case. He had a fall when skating last year, and severely hurt the right side of his abdomen, but the effects wore off in a few days without any medical treatment; but in seven or eight weeks he began to complain, and has gone on gradually getting worse ever since, having always previously enjoyed excellent health. I believe this to have been the origin of his complaint.

Faithfully yours, W. MASON.
BURTON-ON-TRENT."

The history is important, and, however much some may feel disposed to disregard the original injury as the cause of the dis-

ease in question, in my opinion it clearly points the importance of the rule that we should never neglect to investigate most closely the history of every case submitted to us for examination; and, further, that we should never disregard fixed local pain as a very important element in our calculation in endeavouring to ascertain the seat of obscure disease.—*Ibid.*, April 12th, 1862.

HOSPITAL NOTES AND GLEANINGS.

Amputation of the Leg, in a case where pulmonary tuberculosis was present.—On the 6th of May, a male patient, in Westminster Hospital, aged about fifty-five, was submitted to amputation of the left leg, above the knee, for exhausting disease of the latter. The pain and suffering were so great that the man prayed to have his leg removed. He was greatly reduced in health; and now had deposit of tubercle in both lungs added to his other complaint. The operation was performed solely as a palliative measure, to relieve suffering, and to prolong life if possible, even for a short period of time. After it was accomplished, Mr. Holt made some clinical remarks.

He said that this man had been in hospital some time ago, under his care, for disease of the knee-joint of eighteen months' duration. By active treatment, such as the use of blisters, confinement of the limb in splints, and attention to the general health, the patient left the hospital tolerably well. Mr. Holt had hoped that it was one of those cases in which, being treated sufficiently early, the improvement would have continued. The man, however, met with an accident, and fresh inflammation was set up, which proceeded to involve the articular cartilages and ends of the bones. Abscesses formed around and within the joint, and it became deformed as well as diseased.

The patient was now in such a low condition that it was quite impossible he could recover. The question arose whether amputation or excision should be performed. In this there was no choice left; for the general health was bad, and, on examining the man's chest, the lungs were discovered to be studded with tubercles. There was no hope therefore from the adoption of excision, as there was an absence of that amount of health necessary for the repair and union of the divided ends of the bones.

Should his leg be amputated? or should he be allowed to go on and die with such terrible suffering as he had? Mr. Holt urged him to undergo the operation to allow of some relief for the time being, with the possibility of arresting the pulmonary disease. This, Mr. Holt observed, was not a new doctrine, for it had been broached by other surgeons, whose experience showed that it was an advantage. He therefore gave the man this chance.

The operation was not quite so rapid as is sometimes seen, for all the tissues were so infiltrated with disease that they adhered to the femur, and did not retract on division. The tissues had to be cut away from the bone. Very little blood indeed was lost, and the man is not placed in a more unfavourable condition than before. It will be interesting to watch, Mr. Holt remarked in conclusion, whether the lung-disease will become arrested by the removal of such a painful and exhausting affection of the limb.

Up to the present time the man has progressed favourably, and there is certainly no aggravation of the chest malady. The operation, therefore, has proved decidedly advantageous.

Excision of the Elbow-joint for Scrofulous Disease of Twenty Years' Standing; Recovery.—The results of excision are not in any joint more satisfactory than in that of the elbow. Of 149 recorded cases there were 33 deaths, or a little over 22 per cent. Of 470 amputations of the humerus 157 proved fatal, or in the ratio of about 33 per cent. Thus it will be observed that the results are decidedly in favour of excision of the elbow-joint. The following case adds an additional unit to the favourable statistics which are accumulating in relation to this operation. We are indebted to Mr. Atkins, house-surgeon, for the notes indicating the progress of the case.

A. H—, aged thirty-three, was admitted into the West London Hospital, having been the subject of scrofulous caries of the elbow-joint for nearly twenty years. During this long period he had had repeated attacks of inflammation in the joint. Pieces of bone had at various times been removed. On admission, the arm was ankylosed in the bent position. There were one or two apertures connected with small sinuses, and the patient complained of much nocturnal pain. The arm was useless to him in his

occupation. Mr. Hart proceeded to excise the diseased joint and ends of the bones on March 12th, employing the single posterior incision. On laying open the joint, the dislocated and ankylosed process of the ulna projected most prominently; Mr. Hart therefore removed this first, then sliced away the articular ends of the humerus, and cut through the head of the radius. It was necessary to remove a greater extent of bone than usual, because, owing to the number of years that dislocation and consequent shortening had continued, corresponding retraction of the soft parts existed; so that it was necessary to make allowance for the overlapping of the bones, and to remove enough to leave a small space between the sawn ends, which would ultimately admit of flexion of the arm after time had been allowed for fibrous tissue to be developed between them. The precaution was observed, however, of not opening the medullary canals; for experience has shown that when serious accidents have followed excisions, they have often been traceable to that circumstance. Silver sutures were used in approximating the wound, and it was bound up with strips of wet lint. Heath's splint was applied at the time, but the pads were not buckled tightly. The advantage of applying the splint at once seems to be that the arm can be thus shifted when necessary without movement at the joint and pain to the patient. On the other hand, if the pads are strapped tightly for the first day or two after the operation, troublesome swelling is apt to ensue at the joint and in the forearm. To prevent the œdema and painful engorgement of the hand which sometimes occur, the limb was fixed on a slightly inclined plane. The case has progressed extremely well, and the patient has a very useful arm, with good movement at the elbow.—*Lancet*, May 24, 1862.

Stricture of the Female Urethra.—The present instance, Mr. FERGUSON remarked, was one of the curiosities of surgery. He had not seen such a case before, simple though it was. The patient, a woman about thirty-five years of age, had been sent to him by a friend in London, as she could not void her urine. He endeavoured to pass an instrument into the bladder, but could not succeed. She had much pain after micturition, and had some of the symptoms of calculus; and he was prepared in

his operation to have extracted a stone, if it had been present. He thought the best plan to adopt was to give her chloroform, and enlarge the urethra at once by a single operation, in preference to submitting her to a number of operations by dilatation as is practised in the male urethra. "You may remember," Mr. Fergusson said, "that I could pass only a small instrument, not larger than an ordinary probe." A No. 3 catheter could not be passed, but he succeeded in getting in a grooved director, and, with a little force, introduced a small sound upon it; when, finding no stone present, he ran a narrow probe-pointed bistoury into the urethra, and made a notch on either side, and then readily passed a No. 8 catheter. He now anticipated that the urethra would assume its normal dimensions. The stricture, he further remarked, probably arose from a large ulcer at the orifice of the urethra, the contraction of which in healing had ended in a severe stricture. The previous history of the patient, however, was unknown. The subject, he said, was not mentioned in any of the ordinary books.

In the *Mirror* of the 23d February, 1861, we placed on record an instance of stricture of the female urethra, under Mr. Curling's care at the London Hospital, caused by injury in childbirth, and cured by dilatation. In our remarks on that interesting case we gave references to other examples, especially to one published in the fourth volume of the *Cyclopædia of Anatomy and Physiology* (p. 1267), also occurring in the practice of Mr. Curling. Another instance of the same malady, associated with rupture of the perineum, will be found in the following case.—*Lancet*, May 17, 1862.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Society of the State of Pennsylvania.—This Society held its thirteenth session on Wednesday, June 11th, in the Hall of the Medical Department of the University of Pennsylvania.

At 11 o'clock A. M., Dr. E. Wallace, of Berks Co., President of the Society, took the chair, supported by Drs. John Bell, of Philadelphia, and G. W. Allison, of Beaver Co., Vice Presidents, and Dr. J. Henry

Smaltz, of Philadelphia, Recording Secretary.

Dr. Condie, on behalf of the Committee of Arrangement of the Philadelphia County Medical Society, welcomed to the city the Delegates from the several counties represented, and proffered to them every courtesy and kindness in the power of the committee, adapted to render pleasant their visit to the Metropolis of the State.

In explanation of the call of the present session of the State Society in Philadelphia, Dr. Condie remarked—

"It was with deep regret that we were compelled to acquiesce in a postponement of the session of this Society appointed to be held last year in the city of Pittsburg. While we acknowledged the necessity which existed in the summer of 1861 for passing over the session which should have been held then, we did not perceive that any cause existed to prevent the holding of the session of the present year, and we were well persuaded that another postponement of the annual meetings of the State Society, even for a single year, would jeopard the entire medical organization of the State, already, from various causes, much impaired. While however, we felt the necessity for holding the present session, it became very apparent from the apathy in respect to everything designed to promote the common interests of the profession, exhibited by our medical brethren of Pittsburg and its vicinity, and the entire absence on their part of any encouragement to our holding a session of the State Society in their midst, that had it been called this year, as was originally proposed, for that city, the attendance of delegates would have been so slim that, if the session did not prove an entire failure, it would have been at least one from which no favourable result could be anticipated.

"Under these circumstances the Philadelphia County Medical Society concluded to invite the State Society to hold its session of 1862 in this city, believing that a much fuller attendance from most parts of the State might be anticipated here than would probably be the case in any other locality. This invitation, after due deliberation, and a correspondence with members of the several county societies still in existence, and with many influential physicians in different parts of the State, was accepted by the officers and Committee of Arrangement of the Pennsylvania State Society, the pro-

priety and policy of the change in the place of meeting being acquiesced in by all who were consulted. We feel very confident that the beneficial influence resulting from the deliberations and resolves of the session now convened will be such as fully to sustain the Medical Society of Philadelphia County in causing you to be called together on this occasion and in this place.

Drs. Nebinger, of Philadelphia, Ulrick, of Berks, and Schrack, of Montgomery, were appointed a committee on credentials.

On motion of Dr. Gross, it was resolved that the surgeons of the army and navy in this city, or temporarily sojourning among us; also, the physicians of neighbouring States, and Dr. John L. Atlee, of the Lancaster County Society, be invited to seats on the floor of the convention, and to participate in the deliberations of the Society.

Dr. Condie, on behalf of the Censors, reported that a society had been formed in Luzerne County, of the Officers and Members of which a list was presented.

On motion of Dr. Horton, of Bradford, it was resolved that a copy of the address of welcome of Dr. Condie be requested for publication in the Transactions.

Dr. Nebinger, on behalf of the Committee on Credentials, reported a list of duly accredited delegates.

On behalf of the committee he also recommended that Dr. J. B. Luden, of Huntingdon, who was present without credentials; Drs. C. R. Early, of Elk, and J. Dyer, of Bucks, in which counties no societies existed, and Dr. W. H. McGill, President of the Susquehanna Medical Society, at Montour, be invited to take seats as delegates. Agreed to.

The calling of the roll and reading of the journal of last session were dispensed with.

The President, Dr. E. Wallace, then delivered the annual address.

The thanks of the Society were tendered to the President for his address, and a copy was requested for publication.

The Treasurer, R. P. Thomas, submitted his accounts, which were referred to a committee to be audited.

He reported, also, that since the organization of this body, in 1848, there have been associated with it societies in Alleghany, Beaver, Berks, Blair, Bradford, Bucks, Cambria, Carbon, Chester, Columbia, Delaware, Erie, Franklin, Huntingdon, Lancaster, Lawrence, Lebanon, Lehigh,

Lycoming, Mercer, Mifflin, Montgomery, Montour, Indiana, Northumberland, Perry, Philadelphia, Schuylkill, Susquehanna, Washington, and York Counties—thirty societies in thirty one counties. Owing to various causes the number has been materially reduced, and there are now registered on the Treasurer's books only twenty county societies to which any "Transactions" have been sent since 1857—namely, Beaver, Berks, Blair, Bradford, Cambria, Carbon, Chester, Huntingdon, Indiana, Lancaster, Lebanon, Lehigh, Mercer, Montgomery, Perry, Philadelphia, Schuylkill, Susquehanna, Susquehanna Union—embracing Columbia and Montour counties—and Washington County. Small as the number now is, it will have to be still further reduced in the distribution of the printed Transactions for the present year, unless active measures be taken to arouse the dormant spirit of medical organization.

The committee to audit the accounts of the Treasurer reported that they had examined the same and found them correct.

The committee on Publication reported that they had printed an edition of 650 copies of the Transactions of the session of June, 1860, and 270 copies of a letter, prepared according to a resolution of the Society at its last session. The Transactions were distributed as follows: To county societies, 480 copies; to Medical Society and journals, 30; and, with the letter, in thirty counties in which there were no county medical societies; remaining on hand, 79. One or more copies of the letter were sent to prominent physicians throughout the State. The committee regret that, from the impossibility of procuring the names of reliable physicians in the remaining counties, the resolutions of the last session, in respect to the distribution of the Transactions and circular letter in counties where no medical societies exist, had not been as fully carried out as could have been desired.

A committee, composed of Drs. Condie, of Philadelphia, Murphy, of Chester, and Marr, of Luzerne, was appointed to examine the minutes of the last session, and report all items of unfinished or deferred business.

A Nominating Committee, composed of one from each county represented—named by its delegation—to select officers for the ensuing year, was appointed.

The Society then adjourned until 4 P. M.

AFTERNOON SESSION.

The Committee on unfinished and deferred business, reported.

The Committee on supply of Vaccine Matter reported, that it had continued diligently to attend to the duties of its appointment. The chairman, Dr. Condie, had distributed throughout the State a large amount of reliable virus, and on several occasions furnished a supply for the revaccination of our volunteers whilst in camp within the State. He had endeavoured, also, to impress upon the physicians of Pennsylvania the importance of keeping up their supply of effective matter by a system of vaccination throughout the year. In other words, instead of deferring vaccination to particular seasons, to vaccinate each infant born, so soon as it shall arrive at a proper age—say, at its second or third month. He knew of no valid reason why vaccination might not be as safely practiced in midsummer and midwinter as at any other season. He would certainly insist whenever there is the slightest danger of infection from smallpox, of vaccination being performed at all seasons and at every age, from birth upwards. In sparsely populated districts of country, where there cannot be expected to occur a quick succession of subjects for vaccination, he had recommended, as a means of keeping up a supply of active virus, the vaccination of the udder of a healthy cow with good matter; by he meant, he remarked, vaccine matter. By variolating cows no doubt a very active vaccine virus may be produced, but he did not recommend the use of matter thus obtained, excepting with the utmost caution, and then only by those who have had sufficient experience in the procedure necessary to insure entire success.

On motion the Committee was continued.

It being announced that Dr. R. M. Cooper, of New Jersey, had been appointed a delegate from the medical society of that State, and had come to meet the State Society of Pennsylvania, with a request that the latter would reciprocate by the appointment of one or more delegates to the next annual session of the New Jersey State Society, on motion, it was resolved, that three commissioners be named by the committee of nominations, to attend the next annual session of the New Jersey State Medical Society.

A resolution was also passed congratu-

lating the State Medical Society of New Jersey for its steady efforts, during an uninterrupted period of ninety-six years, to uphold the legitimate interest of the profession and to increase and diffuse a knowledge of sound pathology and therapeutics within its limits.

A communication was received from Professor Rogers, inviting the Society to visit the Wistar Museum and Anatomical Cabinet of the University of Pennsylvania.

The report of the Medical Society of Beaver County was presented, and after being read, was, on motion, referred to the Committee of Publication.

The report of the Medical Society of Bradford County was presented and read, and then, on motion referred to the Committee of Publication.

There was no report on meteorology and epidemics from Chester County, but several biographical notices of deceased members of the Medical Society of that County were presented, and, on motion, referred to the Committee on Publication.

From Huntingdon County a report was presented by Dr. J. B. Luden. He stated that the Huntingdon County Medical Society would have met this year, but the national troubles had prevented it, a number of the most valuable physicians of the county having accepted positions in the army. There is no public registration of deaths, and consequently no mortuary report. The principal diseases are of the congestive type. From the experience of the delegate, he would estimate the number of deaths at about two per cent. Typhoid fever was the most prevalent and fatal disease, as is the case in all hilly and elevated countries. No epidemic has existed save whooping-cough and measles. Scarce a house escaped the visitation of one or the other; in many cases in children the one has followed the other. No adult death is reported from either. Fever and ague and remittents have been prevalent. Dysentery has been troublesome and malignant in its form. While the canal and railroad were being built ague was very prevalent, and then it disappeared entirely.

Dr. Luden remarked that, the circumstances attending the occurrence of ague in his district were interesting. At first the canal was dug, and during its construction ague prevailed almost continuously and of a very severe form. It then ceased. When

the railroad was laid alongside the canal, with the second excavation of earth the ague returned. For five years it proved a scourge and then ceased altogether. It was caused both times by the upturning of the subsoil from which emanated the miasma that produces the disease.

The Committee appointed to consider the expediency of admitting the bona fide pupils of members of county societies to seats as auditors at their meetings reported favourably, and recommended their admission, which recommendation was approved by the State Society, and permission granted accordingly.

The reasons assigned in support of this movement were as follows: First, it would create a salutary fellowship and emulation among the medical students of each county, and interest their parents and friends, thereby increasing the confidence and respect of the community in and for the medical profession.

Second, it would cultivate the gift of teaching in many experienced practitioners, and thereby transmit and augment the knowledge of the healing art, and better fit the office pupil to become the matriculant of an approved medical college, and thus raise the character of American medicine.

Third, the discussions in the County Societies would, in consequence, become more practical, varied and animated, the deportment of the members more genial, and that of the congregated pupils of the county more respectful, confiding and industrious.

Fourth, the healing art would be augmented and transmitted from preceptor to pupil, through successive generations, and collegiate teachers would be united in a common effort to sustain the art and science of medicine.

THURSDAY, JUNE 12, 10 A. M.

The Society re-assembled. After reading the minutes of yesterday's proceedings—

A communication was received from the Guardians of the Poor, inviting the Society to visit the Hospital and Insane Department of the Blockley Almshouse.

The Committee on Nominations reported the following gentlemen, to serve as officers for the ensuing year:—

President.—George F. Horton, M. D., Bradford County.

Vice-Presidents.—Traill Green, M. D., Northampton County; Isaac Thomas,

M. D., Chester County; Franklin Bache, M. D., Philadelphia County; John F. Lamb, M. D., Philadelphia County.

Corresponding Secretary.—Joseph Carson, M. D., Philadelphia County.

Recording Secretaries.—J. Henry Smaltz, M. D., Philadelphia County; Joseph M. Stevenson, M. D., Westmoreland County.

Treasurer.—William Maybury, M. D., Philadelphia County.

Censors, 1st and 2d Districts.—J. S. Zeigler, M. D., Lancaster County; A. Parsons, M. D., Bradford County; H. Corson, M. D., Montgomery County; Jacob Pennypacker, M. D., Chester County; B. Richardson, M. D., Susquehanna County; Martin Luther, M. D., Berks County; James S. Carpenter, M. D., Schuylkill County; D. F. Condie, M. D., Philadelphia County; Charles Jones, M. D., Northampton County; J. W. Gloninger, M. D., Lebanon County.

3d and 4th Districts.—N. Packer, M. D., Tioga County; P. Ebert, M. D., Perry County; J. D. Ross, M. D., Blair County; J. B. Luden, M. D., Huntingdon County; W. R. Finlay, M. D., Blair County; G. L. Sheare, M. D., York County.

5th and 6th Districts.—J. Wishart, M. D., Washington County; S. Cunningham, M. D., Beaver County; J. M. Stewart, M. D., Indiana County; William Lemon, M. D., Cambria County; D. B. Natchez, M. D., Lawrence County; James King, M. D., Alleghany County.

Delegates to the American Medical Society.—John Schrack, M. D., Montgomery County; J. L. Galbraith, M. D., Perry County; B. F. Schneck, M. D., Lebanon County; S. D. Gross, M. D., Philadelphia County; A. Nebinger, M. D., do.; Daniel A. Ulrick, M. D., Berks County.

Commissioners to Medical Society of New Jersey.—D. Francis Condie, M. D., Philadelphia County; John L. Atlee, M. D., Lancaster County; Edward Wallace, M. D., Berks County.

Additional Members of Committee on Publication.—Levi Curtis, M. D., Chairman, Philadelphia County; Wm. B. Atkinson, M. D., Philadelphia County; Joseph Leidy, M. D., Philadelphia County.

The Committee also recommend that the next annual session be held in Philadelphia, on the second Wednesday of June, 1863, at 11 o'clock A. M.

Dr. G. C. Cooper, delegate from the

New Jersey State Society, acknowledged on behalf of that body the complimentary resolution of yesterday. The New Jersey Society is the oldest on the continent, and will shortly celebrate its centennial anniversary.

Communications were received, inviting the Society to visit the military hospitals of the city, the United States Arsenal at Bridesburg, the Pennsylvania Academy of Fine Arts, the Pennsylvania Hospital for the Insane, and also one from Mr. John Brodhead, President of the Camden and Atlantic Railroad, extending the Society an invitation to visit Atlantic City.

The communications were acknowledged and the thanks of the Society returned for the invitations presented. In consequence of prior engagements, however, the Society would be unable to visit Atlantic City in a body.

The report from Montgomery County Medical Society was presented and read by Dr. Evans. It was, on motion, referred to the Committee on Publication.

The report from Perry County Medical Society was presented and read by Dr. Galbraith. It was, on motion, referred to the Committee on Publication.

The report from Philadelphia County Medical Society was presented and read by Dr. Corse. On motion, it was referred to the Committee on Publication.

The following preamble and resolutions were adopted, and ordered to be printed:—

Whereas, The organization of the profession in this State into County Medical Societies has not progressed as rapidly as was expected by the founders of this Society, and whereas we believe this body sufficiently influential, if proper and persevering efforts be made, to accomplish the objects contemplated in its organization; therefore

Resolved, That it be enjoined on the delegates from each county society, with the co-operation of the societies they represent, to make special efforts, by correspondence and personal visitation, to effect organizations, during the present year, in the several counties adjacent to those in which societies now exist; and that these delegates be constituted committees for that purpose, with instructions to report the results of their efforts severally to this body, at its next annual session.

Resolved, That in furtherance of this measure, the delegates from the Philadel-

phia County Medical Society, be instructed to take measures to reorganize the profession in Delaware, Northampton and Alleghany Counties; that the Lancaster society be instructed to make similar efforts to organize the profession in the counties of Dauphin and Cumberland; the delegates from Berks County, the profession in Lebanon and Lehigh Counties; those from Chester County, the profession in York and Adams Counties; those from Montgomery, the profession in Bucks; those from Beaver, the profession in the counties of Lawrence and Washington; those from Bradford, the profession in Wyoming and Tioga Counties; those from Indiana, the profession in Armstrong; those from the Susquehanna Union Society, the profession in Union and Northampton Counties; those from Perry, the profession in Juniata; those from Luzerne, the profession in Carbon; those from Westmoreland, the profession in Fayette; and those from Blair, the profession in Bradford.

The following amendments to the Constitution, proposed at the last session, were taken up and adopted: Section 1st, Article 3, was amended so as to read that the Society shall consist of delegates and "permanent members;" section 2, the addition of the words "and to them and the permanent members shall be entrusted the management of the affairs of the Society;" section 5, altered so as to read "every member of the County Society having once served as a delegate shall be thereafter a permanent member of the State Society so long as he conforms to its regulations, and is in good standing in his County Society;" "section 6, Permanent members shall be entitled to vote, to participate in the discussions and elections, and have all the privileges of delegates, except eligibility to the offices of the Society; article 6, section 1, "Provided that in any county where no society exists the members of the profession in such county shall have the privilege of uniting with the association of any adjoining city or county, which membership shall only continue during the time that no organized society shall exist in the county in which they reside."

* Adjourned until Friday morning at 10 o'clock.

At 2 o'clock the members re-assembled at the College, where they took omnibuses to the Navy Yard, to Merrick & Son's

foundry, and to the Volunteer Refreshment Saloons, where soldiers' rations were distributed to them, with a dessert of strawberries and cream provided by Dr. Nebinger.

FRIDAY, JUNE 13, 10 o'clock A. M.

On motion of Dr. Darrach a committee was appointed to consider the propriety and feasibility of establishing a daily medical gazette. The committee, of which Dr. Darrach is chairman, to report at the next annual meeting of the Society.

Dr. Emmanuel, of Delaware, submitted a series of resolutions tendering the thanks of the Society to the various railroad companies who had issued commutation tickets to the delegates; to the Medical Faculty of the University of Pennsylvania for the use of its hall for the meetings of the Society, and to the managers of the different institutions to visit which the Society had been invited.

The resolutions were adopted unanimously.

Dr. Horton, president elect, was now installed.

Upon taking his seat the doctor made an address, offering his grateful acknowledgments for the distinguished honour conferred upon him, and pledging his heart and hand in the good work of advancing and securing the interests of our holy profession.

A resolution was now offered instructing the Corresponding Secretary to open a correspondence with the other State medical societies of the United States, with a view to the interchange of transactions, which was adopted.

Dr. Thomas, the late Treasurer of the Society, having declined a renomination, the following resolution was offered and unanimously adopted:—

Resolved, That the thanks of this Society be tendered to Dr. R. P. THOMAS, the retiring Treasurer of this Society, for the efficient and satisfactory manner in which he has discharged the onerous duties of his office during the past seven years.

The usual vote of thanks to the retiring officers was adopted by a unanimous vote.

The Society then adjourned to the second Wednesday of June, 1863, when it will again assemble in this city.

—
Extirpation of the Eye.—Dr. NOYES presented to the New York Pathological Society an eye, removed from a medical man, thirty six years of age, which had been

injured some years ago. For the last three years, he had had trouble with the sound eye, owing to the injury of the other. There was tenderness upon pressure; he had *muscae volitantes*, and could read large print very indifferently. Extirpation of the eye was succeeded by chills, sickness at the stomach, pulse 110, collection of pus, which was discharged by puncturing the orbit. The other eye was not sensibly impaired. The diseased eye was found to contain an opacity upon the front of the crystalline lens and ossification of the choroid.—*Med. and Surg. Reporter*, May 31, 1862.

Medical and Surgical History of the War.—[The Surgeon General has issued the following circular, which, we trust, will be responded to by every medical officer in the service. The gentlemen to whom the task of preparing the proposed publication has been assigned are eminently qualified to perform that duty, and we confidently expect the most satisfactory results from their labour]:—

SURGEON GENERAL'S OFFICE,
Washington City, D. C., June 9, 1862.

It is intended to prepare for publication the Medical and Surgical History of the Rebellion.

The medical portion of this work has been committed to Assistant Surgeon J. J. Woodward, United States Army, and the surgical part to Brigade Surgeon John H. Brinton, United States Volunteers.

All medical officers are, therefore, requested to co-operate in this undertaking by forwarding to this office such sanitary, topographical, medical and surgical reports, details of cases, essays, and results of investigations and inquiries as may be of value for this work, for which full credit will be given in the forthcoming volumes.

Authority has been given to both the above named gentlemen to issue, from time to time, such circulars as may be necessary to elicit the desired facts, and the medical officers are desired to comply with the requests which may thus be made of them.

It is scarcely necessary to remind the medical officers of the regular and volunteer services that through the means in question much may be done to advance the science which we all have so much at heart, and to establish landmarks which will serve to guide us in future.

It is, therefore, confidently expected that no one will neglect this opportunity of advancing the honour of the service, the cause of humanity, and his own reputation.

WILLIAM A. HAMMOND,
Surgeon General U. S. A.

Employment of Regular Nurses and Cooks in U. S. Hospitals.—[We invite attention to the following circular from the Surgeon-General U. S. A., from which it will be perceived that authority is given to employ civilians as nurses and cooks in the General Hospitals. This will conduce greatly to the comfort and advantage of patients. Hitherto these offices have been mainly performed by convalescent soldiers, who are very unreliable, these duties being generally distasteful to them, and by the time they have become expert, they are either returned to their regiments or discharged the service. We regard this as one of the many improvements for which we are indebted to the present Surgeon-General.]

SURGEON-GENERAL'S OFFICE,
June 5, 1862.

The Secretary of War having authorized in certain cases the employment of civilians as cooks and nurses for duty in General Hospitals (only), the following rules and instructions are published for the information of all concerned:—

Regulations for the Hospital Corps of the United States Army.—The men of the Hospital Corps will each receive \$20 50 per month, besides clothing, rations, and medical attendance.

They will be under military discipline, and subject only to the orders of the Medical authorities, and will wear the undress uniform of a private soldier, with a green half chevron on the left forearm.

Their duties will be either nursing the sick and wounded of the Army in Hospitals, cooking, or any other duties with the sick at the discretion of the Medical Officers.

They will be divided into squads of eleven, one of whom will be responsible for the efficiency of the rest. One squad will be allowed to every one hundred patients.

At the usual roll calls, the chief of the squad will answer for the rest to the Hospital Steward, who will thus learn the number of vacant beds in each ward, and all other

particulars concerning the condition and wants of the hospital, which he will report to the Medical "Officer of the Day." The term of the service of the Hospital Corps will be according to the necessities of the service, or during good conduct.

The amount of pay and clothing received by each nurse, with date, will be recorded on their contract, which will be as a Descriptive List to go with the nurse.

The senior Medical Officer in charge will make a monthly pay roll of the Hospital Corps similar to Form 12, Medical Regulations, except the rank and designation, and transmit the same for payment to the nearest Medical Disbursing Officer.

Surgeons in charge of General Hospitals, when so authorized, may make contracts with persons for such service according to the provisions set forth herein.

WILLIAM A. HAMMOND,
Surgeon General.

NOTE.—It is hereby enjoined upon all Medical Officers that they shall not avail themselves of this special authority of the War Department without first receiving permission of the Surgeon-General to do so, on making a full statement of the facts in the case, and clearly setting forth the reasons why the permission should be granted, except in cases of immediate necessity and urgency, and then the Commanding Officer must approve. In such exceptional cases the facts will be promptly reported to the Surgeon-General with the necessary explanations, together with a request that permission be given to continue the employment if the necessity still exists.

Assistant Surgeon General.—Dr. R. C. WOOD, who was acting surgeon general during the protracted ill health of the late surgeon general, Dr. Lawson, and who ably fulfilled its duties, has, under the new organization of the department, been appointed assistant surgeon general.

Sanitary Inspectors U.S.A.—The act reorganizing the medical department provides for the appointment of eight sanitary inspectors. Six of these have been now appointed, viz., Dr. JOHN M. CUYLER, Dr. RICH. H. COOLIDGE, Dr. EDW. P. VOLLUM, Dr. GEO. H. LYMAN, Dr. GEO. F. ALLEN, and WM. H. MUSSEY.

OBITUARY RECORD.—Died of paralysis at Greenville, S. C., on the 27th of May, Francis Young Porcher aged 73 years. Dr. Porcher was a graduate of the University of Pennsylvania and one of the most eminent practitioners of Charleston.

FOREIGN INTELLIGENCE.

Hospital Ventilation.—The agitation consequent upon the discussion on Paris hospital organization has brought to the surface several facts which neglect or red-tapeism might have allowed to escape notice for an indefinite period. Various blots in the present system have been hit, and several defects pointed out in a way which leaves the authorities no other alternative than that of reform. M. Chalvet, in three excellent papers on the subject, lately published in the *Gazette des Hôpitaux*, demonstrates, amongst other things, that certain dust rubbed off the walls of one of the wards in the Hôpital St. Louis contained no less than thirty per cent. of organic and putrescible matter, that the walls were consequently in a condition incompatible with the healthiness of the ward, and that the administration had exercised a culpable economy in the matter of whitewash. Moreover that the bed-curtains, so likely to intercept and become charged with the material of contagion, are only washed twice a year and constitute in themselves an ever-present source of morbid causes; and lastly, that the lint, bandages, and other surgical apparatus are habitually kept in close proximity with the water-closets, and thus have ample opportunity of becoming impregnated with noxious emanations. Not only is the medical profession in France awaking to the study of the hospital difficulty, but even the general public is gradually taking an increasing interest in its definite and satisfactory solution. General Morin, at one of the late meetings of the Academy of Sciences, made a communication on the subject of hospital ventilation, which is illustrative of this fact. In this paper, General Morin divides the actual systems of ventilation into two classes—those in which the draught is determined in an upward direction by a fire lighted in the upper story of the edifice, and those in which the converse prevails. He recommends a middle plan, which is very much that already in operation in England—viz., the establishment of the fire on a level with the apartment which it is intended to ventilate. The system which exists at the Hôpital Lariboisière, and which works very well, is peculiar to that establishment. The building consists, as you know, of eight pavilions, each containing three stories, and each story

containing a ward with twenty-two beds, as well as a small room containing two beds, for cases which it may be expedient to isolate. The vitiated air is conveyed away from each floor by nineteen evacuating flues, which unite into a common tube in the upper part of the building, where a draught is determined by the presence of a large boiler constantly at work. The quantity of foul air thus evacuated in a second is somewhat more than a cubic metre—a result which it is said might be considerably increased were the friction caused by the unevenness of the surface of the flues obviated.—*Lancet*, March 15, 1862.

English Surgeons and Operators.—The following statement, which we take from the London *Lancet* of May 17th, is worth remembering when we consider the arrogant claims constantly made by British writers of the superiority of their institutions, medical, scientific, and political.

"An Indian medical officer once stated within our hearing, that when suddenly called upon to take off the finger of a soldier which had been injured by the lock of his gun on the march, he found himself in the unpleasant position of having for the first time to perform that operation at the cost of the living subject, never having previously practised it. He said that he spent nearly half an hour before he accomplished the operation, and the fearful responsibility which would have rested on him had one of the limbs been involved impressed him most deeply and painfully. He lost no opportunity subsequently of repairing that grievous omission in his surgical education. This monstrous defect is, however, one under which a great number of men labour who go forth from the portals of the college of surgeons duly certificated to practice in the art and science of surgery; and as to whom the president and council of that body avouch to all whom it may concern, that all that education need do has been done fully to fit the surgeon in question for the amputation, incision, excision, or other retrenchment of the limbs and bodies of the scrofulous, cancerous, exostotic, or otherwise morbidly disposed individuals claiming relief from surgery. Candidates present themselves for admission to services such as that of the Royal Navy who candidly avow, as we are authoritatively informed, that they have never performed any operation upon the subject, and are wholly unprac-

tised in the operative details of their art. To turn out surgeons who are unacquainted with surgery; to certify as an operator a man who has never performed an operation; to present to the world, after deliberate examination, then and there, as 'fit and capable to exercise the science and art of surgery,' a man whom no humane person would permit to amputate the limb of a live dog, because, from sheer want of practical initiation, he must do it badly, is a folly and an injustice which, as we submit to the Examining Board of the College of Surgeons, requires amendment. Conceive the position of a young man placed on board a small ship, where he has no senior to watch and direct his movements, called upon to disarticulate the shoulder, to amputate at the ankle-joint, to trephine the skull, or perform any other operation of emergency. Never having performed any such operation on the dead body, he is placed at a fearful disadvantage, and is not 'fit and capable' for his work. His feelings are not to be envied nor those of his patient. The authorities of the Naval Medical Department are, we believe, resolved not to admit to that service any candidate who has not gone through a properly directed course of operations on the subject, and who is not able to show that he has benefited by that instruction. We applaud and endorse that resolution. In the interest of the civil population the same requirements should be made by the College of Surgeons from all their candidates. To certify surgeons who have never practised the most trifling surgical operation, even on the dead body, is a nullification of common sense."

Results of Revaccination of the Prussian Army in 1861.—During 1861 there were 64,985 soldiers vaccinated or revaccinated, and of this number 53,979 individuals exhibited plain marks of prior vaccination, and 7204 indistinct marks, while in 3802 no traces of this were visible. The vaccination now performed was regular in its course in 41,494; irregular in 7482; unsuccessful in 16,009; total, 64,985. The unsuccessful cases vaccinated again, furnished 5658 additional examples of successful vaccination, making 47,152 or 72 per cent. of those vaccinated. Among the soldiers who had been now or on former occasions successfully revaccinated, there appeared during the year four cases of varicella and ten of varioloid, but no case of variola. In the entire

army there appeared, during 1861, 56 cases of this class of diseases, viz., 7 of varicella, 45 of varioloid, and 4 of true variola. Of these, 25 cases (2 of varicella, 21 of varioloid, and 2 of variola) occurred in soldiers who had not been revaccinated; 17 (viz., 1 of varicella, 14 of varioloid, and 2 of variola) in soldiers revaccinated without result; and 14 (viz., 4 of varicella, and 10 of variola) in cases in which revaccination had succeeded. The great bulk of these cases were of a mild or even trivial character; but 4 of them ended fatally, viz., a case of variola occurring in a soldier who had not been revaccinated; 1 of varioloid, revaccination having been performed without success; together with a case of varioloid and another of variola occurring in recruits who had not been revaccinated.—*Ibid.*, from *Berlin Med. Zeit.*, No. 35.

Suicides in Denmark.—Suicides are much more frequent in Denmark than anywhere else. According to the reports of the statistical bureau, there occurred here 4430 suicides, from 1845 to 1856, that is 369 2 annually. Since 1835 there has been an increase of 31.4 per cent. in the numbers, and which far exceeds the increase of the population. From 1835 to 1844 there was, in a population of 1,283,000, only one suicide in 4568 persons; while from 1845 to 1856, in a population of 1,444,000, one suicide occurred in 3911 persons. Fifty years ago, Callisen mentioned the frequency of suicides in this country as a lamentable circumstance; but matters have become much worse since then. In 100,000 persons, there commit suicide annually: In Denmark, 25.6; in Geneva, 24.8; in Saxony, 20.2; in Norway, 10.8; in Prussia, 10.8; in England, 10.1; in France, 10; in Sweden, 6.7; and in Belgium. 5.6. It is very doubtful whether these considerable differences are to be ascribed to the difference in the government and administration of the several countries, as some persons are inclined to think. Perhaps the numbers are too small as regards England, where suicide is considered felony, and many cases, therefore, escape this verdict; but they are certainly correct for Germany, France and Belgium.

One-fourth of the whole number who commit suicide in Denmark are women; the same proportion exists in Norway and France, while in Prussia and Sweden only

one-fifth are women. In Copenhagen 39.1 commit suicide in 100,000 persons; in the other Danish towns 30.3, and in the provinces 23.2. In the island of Zealand the number is 29.3, in Laaland and Falster 24.1, in Jutland 22.1, in Fyen 19.7. The season has a considerable influence upon suicidal mania; most suicides occur in summer (36.7), the maximum being in June; then follows autumn (23.5), spring (22), and finally winter 17.8, the minimum being in December. The same proportion exists in almost every other country; and the assertion of M. Falret, that most suicides happened in autumn, because nature wore a sad aspect at that time, and thereby gave rise to melancholia, is quite erroneous, and contradicted by recent statistical investigations. It seems, however, that there is less difference in this respect in towns than in the country.

It was formerly generally believed that the love of life increased with age, but this view, which was shared even by Esquirol and Falret, has also been refuted by modern statistics; it being shown that the rate of suicides is six to seven times greater in old persons than in young ones. Concerning the mode of suicide adopted, there has been always a great uniformity in the numbers. In Denmark, of a hundred persons, 68.9 kill themselves by hanging, 20.8 by drowning, 4.9 by firearms, 3.3 by cutting instruments, 0.6 by throwing themselves down from considerable heights, 1.5 by poisoning. Women, and old persons generally, prefer drowning to hanging, while young people are more fond of shooting themselves.

As to the condition in life of the persons concerned, it appears servants are very prone to suicide. The number of servants in Denmark is 14 per cent. of the whole population; but in the list of persons having committed suicide, 22 per cent. are servants. Private soldiers and drunkards come next.

Man being an imitative animal, it generally happens that, as soon as a few suicides have been mentioned as interesting news in the papers, and more especially if they are given with full details, other suicides follow in rapid succession. Editors should, for this reason, be cautious of admitting such news into their columns. Moreover, it is difficult to perceive why the unhappy end of such wretched persons should be honoured with Herostratic monuments.—*Med. Times and Gaz.*, March 29, 1862.

Meteorological Phenomena of 1861.—The Academy of Sciences has received a paper from M. Fournet, on the meteorological occurrences of last year, which he considers to have been one of the most remarkable hitherto recorded in this respect. The summer of 1861 was extremely hot in various parts of Europe. At Lyons the thermometer rose to 96° Fahr. on the 12th and 13th August; and Provence, Italy, Algeria, and Spain experienced temperatures in proportion. The fields of Murcia and Alicante were reduced to complete sterility. Paris suffered considerably, as also Rhenish-Bavaria, near Neustadt. The north-western provinces of India were desolated by a drought of unexampled duration, and the famine occasioned thereby is still fresh in the minds of our readers. The southern districts of Algeria experienced a similar influence, to such an extent that the gazelles, being in a state of starvation, migrated in numerous flocks to the environs of Gelfa and Boghar, where they committed great ravages. On the other hand, the West Indies were subject to incessant rains, which lasted from February to the end of April, and caused immense damage. To the drought in India succeeded the inundations, far more disastrous than those of 1838. In Africa, the Gulf of Benin enjoyed fine weather; but Sierra Leone and Gambia were laid waste by torrents of rain; the inundations of the Upper Senegal and Nile were destructive. While water was so abundant at the Equator, another phenomenon of quite a different kind occurred at the South Pole—viz., a universal breaking up of all the ice. The only case parallel to this on record is the breaking up of the ice in 1816, which opened the coast of Greenland to European traffic, having been previously ice-bound for four consecutive centuries. In the present case the drift-ice reached the regions of New Holland and New Zealand, between the parallels of 54.21, and 46 S. lat., and 165 and 106 W. long. It formed a kind of archipelago of floating islands of ice, 174 of which were counted by the French frigate *Iphigenie*. The blocks of icebergs measured from 50 to 86 metres (150 to 258 feet) in altitude. It is chiefly to this phenomenon that M. Fournet attributes the bad weather experienced in 1861, just as the breaking up of the Greenland ice in 1816 may be considered as the cause of the

disastrous meteorological events of that year.—*Dublin Med. Press*, May 21, 1862.

Japanese Doctors.—The London *Lancet* (May 24th) has the following story: "In a conversation which the Russian Ambassador had with the Japanese, he observed that it was to be regretted that their government had not sent over earlier enlightened envoys like themselves, who might have imparted to their countrymen the priceless benefits of our superior civilization. When the interpreter communicated this to his master, great was the surprise and indignation. 'What!' he exclaimed, 'because you blow your noses and make your bows and curtsies differently from us, do you suppose yours to be the right way, ours the wrong? We pay our doctors as long as we are well, and stop their pay when we fall ill until we are cured. You begin to pay them when you are ill, and fee them on till you are cured; and this is one of the many instances of your boasted superior civilization.'"

OBITUARY RECORD.—It is with sincere regret that we record the death on the 4th of May, by an accidental fall, of Dr. J. O. McWILLIAM, chief medical officer to the Niger expedition of 1840 f, author of a report on the yellow fever of Boa Vista, and latterly medical officer to the custom-house, and also secretary to the Epidemiological Society.

Dr. McW. was an ardent, zealous and successful cultivator of our science, and his contributions to its advancement are numerous and various. His death is a severe loss to the profession and the public.

— May 7, 1862, JOHN RICHARD FAVRE, M. D., late Consulting Physician to the Royal London Ophthalmic Hospital, aged 87 years.

— May 1, 1862, aged 65, after a protracted illness, J. L. C. SCHROEDER VAN DER KOLK, Professor of Medicine in the University of Utrecht, one of the most devoted cultivators of medical science, and illustrious physicians of Holland.

— May 24, 1862, of sanguineous apoplexy, aged 69, EDWARD STANLEY, Honorary Consulting Surgeon to St. Bartholomew's Hospital.

— at Madeira, of phthisis pulmonalis, on the 16th of May, THOMAS WAKELY, Esq., founder and editor of the well known *Lancet*, in the 67th year of his age.